

TRAVEL EXPENSE CLAIM

See Instructions and Privacy

Statement on Reverse Side

STD 262 (REV 10/92)

Page 1 of 1

CLAIMANT'S NAME Barbara Kaufman			SSAN OR EMPLOYEE NUMBER			DEPARTMENT Office of Governor, San Francisco		
POSITION Director			CB/ID NUMBER			DIVISION OR BUREAU		
RESIDENCE ADDRESS Governor's Office			HEADQUARTERS ADDRESS 455 Golden Gate Ave., Suite 14000			TELEPHONE NUMBER		
CITY San Francisco			STATE CA			ZIP 94102		
CITY San Francisco			STATE CA			ZIP 94102		

Jul-08		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS				INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER	COST OF TRANS.		TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT			
07-Oct		San Francisco								3.50		0.00		3.50
												0.00		0.00
07-Oct		San Francisco								17.50		0.00		17.50
												0.00		0.00
14-Oct		San Francisco								7.00		0.00		7.00
												0.00		0.00
14-Oct		San Francisco								10.50		0.00		10.50
												0.00		0.00
21-Oct		San Francisco								19.00		0.00		19.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
SUBTOTALS			0.00	0.00	0.00	0.00	0.00	0.00	0.00	57.50	0	0.00	0.00	
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL													\$57.50	

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

Jack LaLanne's 95th Birthday celebration BK personally greeted him on his arrival

Financial Women's Assn lunch honoring B of A Calif President Janet Lamkin

GAS at Oracle annual Conference at Moscone Convention Center BK and GA staffed

Bay Area Council's annual dinner celebrating their 64th Anniversary BK seated at head table

SF Chamber of Commerce annual Ebbies Awards BK and GA attended

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

5ZGU718

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

240787

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage

CLAIMANT'S SIGNATURE

DATE

11/9/09

SIGNATURE OF OFFICER APPROVING TR/

PAYMENT

DATE

11/23/09

SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES

DATE